

## **GUIDELINES FOR HANDLING A MEDICAL EMERGENCY**

1. First-aid priorities are the following:
  - a) Effect a prompt rescue
  - b) Check for breathing
  - c) Control severe bleeding
  - d) Check for poisoning or ingestion of chemicals
  - e) Refer to Emergency Information and Treatment Form to determine if student has special health concerns that require specific care (e.g. epilepsy/seizures, diabetes/insulin shock, allergy/anaphylaxis, and asthma)
  - f) If further medical care is indicated, dial 9-1-1 to notify EMS
  - g) Notify parent/guardian as soon as possible if follow-up medical care is needed
  - h) Inform parent/guardian of any illness or first aid provided by school personnel
  - i) Stay with the student until dismissed to parent/guardian, designated school authority; or returned to classroom
  - j) Do not give medication by mouth unless specifically ordered by his/her own physician, and without appropriately signed, notarized authorization given by parent/guardian
2. If it is necessary to transport the student to a doctor/hospital and the parents/guardians are unable to provide such transportation, then:
  - a) Call an ambulance selected by the parent/guardian
  - b) Call 9-1-1 to notify EMS. The parent/guardian of the student shall be responsible for the cost of private/EMS ambulance service
  - c) School employees may transport but must stay with the student until a parent/guardian or other appropriate party has assumed responsibility
3. The Student Accident Report Form ([Exhibit 8B](#)) shall be completed in duplicate, and one copy shall be sent to Safety and Environmental Services within 72 hours of the accident.

### **Recording Emergency Care**

All emergency care shall be documented on the Student Accident Report Form and kept on file. Emergency care should also be recorded on the Pupil's Cumulative Health Record. The following documentation should be included:

Causative factors requiring emergency care  
The time and place that the accident or illness occurred  
Any treatment given and the name of the person who gave the treatment or emergency care  
Disposition of the student after receiving emergency care

Person(s) who witnessed the accident and the person who administered first aid shall complete the Student Accident Report Form. <sup>(2)</sup>

Jefferson County Public Schools

Jefferson County Public Schools <b>Standard Student Accident Report Form</b> Part A. Information on ALL Accidents			
1. Name _____		Home Address _____	
Last _____ First _____		Sex: M <input type="checkbox"/> F <input type="checkbox"/> ; Age _____ Grade or classification _____	
2. School _____		3. Time accident occurred: Hour _____ A.M. _____ P.M. _____ Date _____	
4. Place of Accident: School Building <input type="checkbox"/> School Grounds <input type="checkbox"/> To or from School <input type="checkbox"/> Home <input type="checkbox"/> Elsewhere <input type="checkbox"/>			
5.	Nature of Injury	Abrasion _____ Fracture _____ Amputation _____ Laceration _____ Bruise _____ Puncture _____ Burn _____ Scratches _____ Concussion _____ Sprain _____ Cut _____ Other (Specify) _____	<b>Description of Accident</b>  How did accident happen? What was student doing? Where was student? List specifically unsafe acts and unsafe conditions existing. Specify any tool, machine, or equipment involved.  _____ _____ _____ _____ _____ _____
	Part of Body Injured	Ankle _____ Hand _____ Arm _____ Head _____ Back _____ Knee _____ Elbow _____ Leg _____ Eye _____ Nose _____ Face _____ Scalp _____ Finger _____ Tooth _____ Foot _____ Wrist _____ Other (Specify) _____	
6. Name of Doctor or Hospital _____			
7. Degree of injury: Death <input type="checkbox"/> Permanent Impairment <input type="checkbox"/> Serious but not permanent <input type="checkbox"/> Minor <input type="checkbox"/>			
8. Number of days lost from school _____			

B.L.C. 168-175-1 F-442-1

Send to Safety/Security Office, C. B. Young, Jr., Service Center.

MAC 6/9/92

Part B. Additional Information on School Jurisdiction Accidents		
9. Teacher in charge when accident occurred (Enter name.) _____		
Present at scene of accident No _____ Yes _____		
10.	Immediate Action Taken	First-aid treatment _____ By (Name) _____ Sent home _____ By (Name) _____ Sent to physician _____ By (Name) _____ Name of physician _____ Sent to hospital _____ By (Name) _____ Name of hospital _____
11. Was a parent or other individual notified? No _____ Yes _____ When _____ How _____		
Name of individual notified _____		
By whom? (Enter name.) _____		
12.	Specify Activity	Remarks
Location	Athletic field _____ Auditorium _____ Classroom _____ Corridor _____ Dressing room _____ Gymnasium _____ Home Econ. _____ Laboratories _____ Sch. Grounds _____ Shop _____ Showers _____ Stairs _____ Other _____	What recommendations do you have for preventing other accidents of this type?  _____ _____ _____ _____ _____ _____ _____ _____
Teacher _____		